

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553922

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27	/					
28		/				
29		/				
30		/				
31		/				
32	/					
33		/				
34		/				
35	/					
36		/				
37		/				
38		/				
39	/					
40		/				
41		/				
42		/				
43	/					
44	/					
45		/				
46		/				
47		/				
48		/				
49		/				
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55	/					
56		/				
57		/				
58	/					
59	/					
60		/				
61		/				
62		/				
63		/				
64		/				
65	/					
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
72		/				
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						